

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90776 034 ****70.00

DOCUMENT # N94000000666

1. Entity Name
HOUSE OF FAITH CHURCH, INC.



Principal Place of Business

**850 IVES DAIRY RD
T-6-B
MIAMI FL 33179
US**

Mailing Address

**1245 DOVE AVENUE
MIAMI SPRINGS FL 33166
US**

10071767



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0468990**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**VELAZQUEZ, JOSE GUILLERMO
1245 DOVE AVENUE
MIAMI SPRINGS FL 33166**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD VELAZQUEZ, JOSE GUILLERMO	<input type="checkbox"/> Delete
STREET ADDRESS	1245 DOVE AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE NAME	VDT VELAZQUEZ, SARITA R	<input type="checkbox"/> Delete
STREET ADDRESS	1245 DOVE AVENUE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE NAME	S MELENDEZ, MIRNALIZ	<input type="checkbox"/> Delete
STREET ADDRESS	1410 N E 132ND ROAD	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE NAME	D BANOS, FEDERICO L	<input type="checkbox"/> Delete
STREET ADDRESS	13105 NE 13TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE NAME	D GONZALEZ, MIGUEL A	<input type="checkbox"/> Delete
STREET ADDRESS	7711 NW 5TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33009	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/10/03 (305) 885-1625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)